## FILING DATE SERIAL NO. 09/9/19,509 APPLICANT(S) MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED DEP. . DEP. IND. IND. DEP. IND. IND. DEP. IND. DEP. IND. 51 52 2 53 3 54 4 5 55 56 6

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